

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09-310475		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/							51			
2								52			
3	/							53			
4	/							54			
5	/							55			
6	/							56			
7								57			
8	/							58			
9	/							59			
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11	/							61			
12	/							62			
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14	/							64			
15								65			
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18								68			
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42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	1	2						TOTAL IND.			
TOTAL DEP.	22		2		2			TOTAL DEP.			
TOTAL CLAIMS	24							TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS